



Field Services Division
Reno/Sparks/Carson City (775) 684-4DMV (4368)
Las Vegas Area (702) 486-4DMV (4368)
Rural Nevada (877) 368-7828
Fax: (775) 684-4992
www.dmvnv.com

AFFIDAVIT FOR MINOR TO BE LICENSED

I, _____, do hereby acknowledge and understand that the Juvenile Court may suspend or revoke my driver's license pursuant to the provisions of Title 5 of the Nevada Revised Statutes.

Applicant's Signature _____ Soc. Sec. No. _____

Parent's Signature _____ Date _____

Parent/Legal Guardian Certification of Behind-The-Wheel Driver Experience

I, the undersigned, do hereby certify that I am the _____ of the
Relationship
person named above, and the he/she, has had at least 50 hours of experience in driving a motor vehicle with a restricted license, instruction permit or restricted permit issued pursuant to NRS 483.267, 483.270 or 483.280.

Signature of Parent/Legal Guardian

License/ID Number

Date

Signature of Notary Public or Authorized Nevada DMV Representative

Date

IMPORTANT: If you live in a city or town with a population of 25,000 or more, or in a county with a population of 50,000 or more and your school does not offer Driver's Education, you will need to provide a certificate of completion of a Driver Education Course provided by a School for Training Drivers that has been licensed by the Department of Motor Vehicles, and has been approved by the Department to certify drivers for licensure.

School Certification

I, the undersigned, do hereby certify that I attend _____,
Name of School
in _____, and that this school does not offer driver's
City and County
education as a part of its curriculum.

Applicant's Signature

Date

Signature of School Official or Administrator

Date

FOR DEPARTMENT USE ONLY		
Type of School	Name of School	Date of Completion
Professional Driving School	_____	_____
Public/Private School	_____	_____
Certificate Number, if applicable	_____	
Certification Not Required		
School in which student is enrolled does not offer automobile driver's education		
Transfer valid license from: State _____ Class _____ Expiration Date _____		
Not attending school or home schooled		
Signature of Authorized DMV Representative _____		Date _____